

SQM & State Meet Site Evaluation

Michigan USA Gymnastics

Meet Directors: Place a copy in each coach's and judge's packet

Meet Name: _____ Level & Type: _____ Meet Date(s): _____

Meet Location: _____ Meet Director: _____

Rate each category from 1-10. (1 = poor, 10 = excellent).

Positive criticism is helpful for growth.

If there is a category that you have no knowledge of, or does not apply to you, please leave category blank.

This evaluation will be used in the future awarding of meet site bids. Please use **FACTS** to support your evaluation. **FOR ALL RATINGS BELOW 4, PLEASE ELABORATE IN THE SPACE PROVIDED AND/OR ON THE BACK OF THIS FORM.** Please feel free to contact the appropriate MI -USAG Committee Member if you have any questions. This form must be signed by a USAG Professional Member.

CATEGORY:	RATING: 1 - 10	EXPLANATION: For a rating below 5, please elaborate in the space provided.
Pre Meet Information Complete & Received On Time		
Schedule (convenient, efficient, etc.)		
Did Meet Run On Schedule?		
Parking		
Competition Area		
Equipment/Matting		
Awards		
Support Staff		
Meet Director's Understanding of R & P		
General Meet Operation		
Restrooms (Public Coaches) please circle		
Hospitality		

Additional Comments: (Use back if necessary)

Signature

USAG Pro #

Coach Owner Judge
(please circle one)

Printed Name

Club Affiliation

***Please send your evaluation to the MI USAG SACC and the appropriate Level Rep.
(To insure your opinions are being heard, feel free to send a copy to any other board member):***

Please send to: Jim Comiskey 1111 E. Wackerly Rd. Midland MI 48642 Email: mgtc@sbcglobal.net Fax: 989-832-2278	Level Rep information can be found online at: www.michigangymnastics.com or in your MI R & P
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